## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Keep the Promise III		C C00575423
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Victory Phones	Date	of Public Distribution/Dissemination
X		03 23 7 2016
Mailing Address 190 Monroe Ave NW 5th Floor	Amou	unt
City State Zip Co	de	36000.00
Grand Rapids MI 49503	Trans	saction ID : SE.12085 of Disbursement or Obligation
Purpose of Expenditure Robocalls - MICHIGAN  Category		03 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sough	ht: House District: 00
Rafael 'Ted' Edward Cruz	Oppose X Presid	dent Senate State: NN
Calendar Year-To-Date Per Election for Office Sought 235334	Disbursement 2016	ent For:
Full Name of Payee	Date	e of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address	Amo	Nunt
		unt
City State Zip Co	de	7 7
	Date	e of Disbursement or Obligation
Purpose of Expenditure Categ	Jory/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office Soug	ght: House District:
	Oppose Presid	dent Senate State:
Calendar Year-To-Date	Disburseme	ent For: Primary General
Per Election for Office Sought		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures		0.00
	_	
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······································	0.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Mr. Jon Francis [Electronically Fig. 20]	led] Date 03	24 2016
Signature		